

ISSUE SLIP STAPLE AREA (for additional cross references)

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	SL		4-5-01
O.I.P.E. CLASSIFIER	RSD		5/2/01
FORMALITY REVIEW	SH	1085	5/17/01
RESPONSE FORMALITY REVIEW			

INDEX OF CLAIMS

✓ ..... Rejected      N ..... Non-elected  
 = ..... Allowed      I ..... Interference  
 - (Through numeral)... Canceled      A ..... Appeal  
 + ..... Restricted      O ..... Objected

Claim	Date
Final Original	
1	✓
2	✓
3	✓
4	✓
5	✓
6	✓
7	✓
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9	✓
10	✓
11	✓
12	✓
13	✓
14	✓
15	✓
16	✓
17	✓
18	✓
19	✓
20	N
21	N
22	N
23	N
24	N
25	N
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27	N
28	N
29	N
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Claim	Date
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Claim	Date
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BEST AVAILABLE COPY

If more than 150 claims or 10 actions  
staple additional sheet here

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